PLOP JJ

GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2025001128LAW

A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or event.
Normal business hours: Monday through Friday, 8:00am to 5:00pm. Closed on official holidays.
Claims received during regular business hours will be recorded on the date received.
Faxed or emailed claims received after business hours will be recorded on the next working day.
Please be sure *your claim is against the* City of Portland, *not another public entity.*
Where space is insufficient, please use additional paper and identify information by section number and letter.
Completed forms may be mailed, emailed, faxed, or hand-delivered to:
Risk Management/Liability, 1120 S.W. 5th Ave., Suite 1040, Portland, OR 97204-1912, Ph: 503-823-5101,
Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr. Mrs. Ms (Miss)) Katrina ML Manning Date of Birth [redacted]
   a. Address 215 Greenridge Dr #312 City Lake Oswego State OR Zip 97035
   b. Home Phone 6613690319 Business Telephone ____ Cell Phone 6613690319
   c. Occupation Certified Nursing Asst. d. Marital Status: Single ( ) Married ( ) Divorced or Widowed (✓)
   If married, name of spouse ____
   d. E-mail address [redacted]
2. If claim involves a vehicle: a. Year, make and model 2021 Jeep Renegade
   b. License Plate Number [redacted] Driver's License Number [redacted] State OR
   c. At time of ~~accident~~ Car breakdown, were you (check all that apply) Owner: ✓ Driver ✓ Passenger ____ N/A ____
   d. Name and address of owner if different from claimant (1. Above) ____
3. Occurrence or event from which the claim arises:
   a. Date Aug 9 2025 Time 11:30 Circle (AM) PM
   b. Place (exact and specific location) On Vancouver near the Corner of Welder, middle (L) turn Lane.
   c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): my car broke down in the middle Lane. the car could not be jumped or put into neutral. I have insurance so I ordered a tow. The police came and directed Traffic around my car. They also ordered a tow and said per policy
   d. State how the City of Portland or its employees were at fault: That I have to use their tow if it arrives first. They had my car towed to a yard where I had to pay $327.00 and redirect the tow that I ordered to pick up from to go to firestone. I did not know I would have to pay. I was not told they could deliver the car to firestone. I ended up w 2 tows and wasn't breaking glass
   e. Were you on the job at the time of the ~~accident~~ Breakdown Yes ____ No ✓
   If yes, what is the name / phone number of employer ____ Just off work. The key I was coming from Lake Oswego Holiday park Blaze.

City of Portland Risk Management 8/19/2025

4. Description: Describe the ~~injury, property damage~~ or loss so far as is known at the time of this claim.

I had to call my mom and have her emergently put $327.00 In my bank to cover the police Tow, ~~even~~ even with Roadside Tow & Lyft assistance ordered.

5. *We are required to report all claims for injuries to Medicare/Medicaid Services*

If you were injured please provide the following: Social Security #: [redacted]

Medicare/Medicaid Beneficiary? Yes ✓ No ___

6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury

I dont Remember their names. Portland City police

7. Name and address of any other person injured

No injuries other than financial injury to a non-criminal citizen in need.

8. Name and address of the owner of any ~~damaged property~~ if different from claimant

Katrina Manning and Terry Carter

9. Damages claimed: 215 Greenridge dr #312, Portland OR 97035 & 8501 Holmquist Rd SE Aumsville OR 97325

a. Amount claimed as of this date: $ 327.00

b. Estimated amount of future costs: $ Ø

c. Total amount claimed: $ 327.00

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):

Tow Bill, Police ORder,

10. Names, addresses / phone #s of all witnesses

The only witness was another man having his car Towed about 20 yards away from me. His car was on the road for almost 3 hours waiting for a tow and his was an accident.

11. Any additional information that might be helpful in considering your claim

Traffic was Free Flowing on both sides of my car. My tow order was in Route to arrive an officer was parked behind my car Redirecting traffic~ I waited on the Sidwalk. I was not told they could take my car to Firestone and insurance might cover it

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)

I have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I understand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and that the statements are in connection with an application for a benefit from the City of Portland.

Date: 08/14/2025

Claimant's Signature

Katrina Manning

Print Name

If my mom was unable to pay. I would have been forced to abandon my car in the tow yard even w/Full coverage insurance.